

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

_____ City Attorney
_____ Bureau of Fire Prevention
_____ Health Dept.

DATE 08/0701

RETURN BY 8/15/01

CATERER X

NON-CATERER

APPLICANT: GEEMAX INC DBA N ZONE

APPLICANT'S ADDRESS: 728 1/2 Q STREET

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : 728 1/2 Q STREET, PKG LOT

DATE(S) OF EVENT: 8/25/01; 9/1/01; 9/8/01; 9/15/01; 10/6/01; 10/20/01; 10/27/01; 11/10/01

TIME(S) OF EVENT : 8 AM TO 1 AM

TYPE OF ACTIVITY: OUTDOOR FOOD & BEVERAGE SERVICE

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

✓ APPROVED

CONDITIONS JD'S TO BE CHECKED; AREA TO BE SEPARATED FROM PUBLIC
by a fence; Proper security provided; Remaining SOL'S APPROVED
PENDING NO LIQUOR LAW VIOLATIONS.

_____ DENIED

REASON(S) FOR _____

SLP #843
Signature

8-8-01
Date

(If needed, use back for additional space)

Special Designated License Application Supplemental Form

The Special Designated License process is not intended to be used as a vehicle to expand the existing licensed premise.

Name of the Event: Glennmax Inc. N-ZONE (OVERFLOW AREA)

Applicant and Sponsoring Organization or Person (if applicable): MIKE MCCARTY
CHERYL MCCARTY

Date of the Event: 8/25, 9/1, 9/8, 9/15 Time of the Event: 8 A.M. - 1 A.M.
10/6, 10/20, 10/27, 11/10

Has the applicant applied for, and received liquor liability insurance? ☒ Yes ☐ No

Number of persons expected to attend: 150 Number of persons under 21 expected: - 0 - Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol? MINORS NOT PERMITTED (unless with parent)
SECURITY AT ALL ENTRANCE AREAS.

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: burgers/brats
*FULL INSIDE MENU AVAILABLE

Will non-alcoholic beverages be served? ☒ Yes ☐ No If yes, please list non-alcoholic beverages to be served: WATER, SODA, JUICE

Please identify the beverages containing alcohol that will be served: ☒ wine ☒ beer
☒ distilled spirits Will this be a cash or complimentary bar? ☒ cash ☐ complimentary

Who will serve the beverages containing alcohol? trained employees
Have the designated servers received responsible beverage service training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last twelve months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No
If so, please explain _____

777

A1-087256

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- ☐ All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
☐ Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
☐ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
☐ LOCAL APPROVAL must be included with this application
☐ A Signed Statement from Local Police Chief or County Sheriff (question #12)
☐ NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: ☒ Beer ☒ Wine ☒ Distilled Spirits
2. Status of the Applicant (check one)
☐ Municipal Corporation ☐ Political Corporation ☐ Fine Arts Museum ☐ Fraternal Corporation ☐ Religious Corporation ☐ Charitable Corporation ☒ Retail Licensee ☐ Public Service Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K) OK 43717
Geemax Inc.
728 1/2 Q ST LINCOLN, NE 68508 Lancaster County
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
728 1/2 Q ST LINCOLN, NE Lancaster Co. 68508
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested. D.G.A
Geemax Inc. 728 1/2 Q ST LINCOLN, NE 68508 N-ZONE
7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
MIKE MCCARTY / CHERYL MCCARTY Fax: 475-8683

8. DATES OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
AUG 25th, SEPT. 2, SEPT. 8th, SEPT. 15th, OCT. 6th, OCT. 20th, OCT. 27th
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER: NOV 10th

9. Time(s) of event (example 8am to 1am, this is considered one day)
FROM: 8 A.M. TO: 1 A.M.
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
OUTDOOR FOOD & BEVERAGE SERVICE
11. Provide an estimated number of attendees at this event 100-150. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.
- ON FILE -

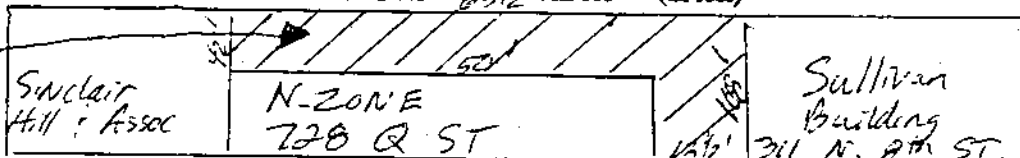
13. List the number of SDL's that you have applied for at this specific location in the last six months. 0

CONTINUE ON BACK

14. Description of the premises: ☐ Inside Building ☒ Outdoor Area

Dimensions of area to be covered by license: 63 1/2 x 108 Please draw in the space provided below, the area where liquors will be sold and consumed.

LENGTH 63 1/2 WIDTH (In feet)



If outdoor area, how will premises be separated from areas open to the general public? ☐ Fence ☐ Tent ☐ Other (if other, please explain)

15. Is the premises to be covered by the license located within the city/village limits? ☒ YES ☐ NO

16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children? ☐ YES ☒ NO

17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

Through licensed wholesalers Burnax Inc. 43717 CK

18. Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☒ YES ☐ NO

19. Are there separate toilets for both men and women? ☒ YES ☐ NO

20. Other information or requests by the applicant:

21. Will there be any games of chance operating during the event? ☐ YES ☒ NO

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign here Mark McCarty owner/manager 7/25/01
Authorized Representative/Applicant Title Date

sign here Cheryl McCarty manager 7/25/01
Supervisor Title Date

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

A ten day advance period is requested in writing to produce the alternate format.

778

A1-087258

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- ☐ All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
☐ Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission
☐ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
☐ **LOCAL APPROVAL** must be included with this application
☐ A Signed Statement from Local Police Chief or County Sheriff (question #12)
☐ **NON PROFIT CORPORATION** MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

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3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number And Class (Example C/K) C/K 43717

Beemax Inc. (City, State, County Number, Zip Code)
720 1/2 Q ST. LINCOLN, NE 68508 Lancaster Co.

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
720 1/2 Q. ST. LINCOLN, NE Lancaster Co. 68508

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

Beemax Inc. 720 1/2 Q ST. LINCOLN, NE 68508 D.B.A. N-ZONE

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

MIKE MCCARTY / CHERYL MCCARTY 402-475-8683

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

September 1 2001

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 8 A.M. TO: 1 A.M.

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

OUTDOOR FOOD & BEVERAGE SERVICE

11. Provide an estimated number of attendees at this event 100-200. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

21+ OVER EVENT

12. **PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.**

ON-FILE

13. List the number of SDL's that you have applied for at this specific location in the last six months.

0

CONTINUE ON BACK

779

A1-087259

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728 1/2 Q ST. LINCOLN, NE 68508 Lancaster Co.

C/K 43717

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)

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5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

Beemax Inc. 728 1/2 Q ST. LINCOLN, NE 68508 D.B.A. N-ZONE

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MIKE MCCARTY / CHERYL MCCARTY 402-475-8683

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

September 8th 2001

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 8 A.M. TO: 1 A.M.

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

OUTDOOR FOOD & BEVERAGE SERVICE

11. Provide an estimated number of attendees at this event 100-200. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

21 & OVER EVENT

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

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CONTINUE ON BACK

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A1-087260

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Beemax Inc. (City, State, County Number, Zip Code)
720 1/2 Q ST. LINCOLN, NE 68508 Lancaster Co.

C/K 43717

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)

720 1/2 Q. ST. LINCOLN, NE Lancaster Co. 68508

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

Beemax Inc. 720 1/2 Q ST. LINCOLN, NE 68508 D.B.A. N-ZONE

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

MIKE MCCARTY / CHERYL MCCARTY 402-475-8683

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

September 15 2001

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 8 A.M. TO: 1 A.M.

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

OUTDOOR FOOD & Beverage Service

11. Provide an estimated number of attendees at this event 100-200. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

21 & OVER EVENT

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ON-FILE

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CONTINUE ON BACK

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 95046, Lincoln NE 68599

781

A1-087262

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- ☐ All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
☐ Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
☐ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
☐ LOCAL APPROVAL must be included with this application
☐ A Signed Statement from Local Police Chief or County Sheriff (question #12)
☐ NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

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2. Status of the Applicant (check one)

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3. Name and Address of Corporation, Organization or Licensee obtaining license. If Licensee, give license number and class (Example C/K)

Geemax Inc. (City, State, County Number, Zip Code)

And Class (Example C/K)

C/K 43717

720 1/2 Q ST. LINCOLN, NE 68508 Lancaster Co.

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)

720 1/2 Q. ST. LINCOLN, NE Lancaster Co. 68508

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

Geemax Inc. 720 1/2 Q ST. LINCOLN, NE 68508 D.B.A. N-ZONE

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

MIKE MCCARTY / CHERYL MCCARTY 402-475-8683

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

October 6th 2001

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 8 A.M. TO: 1 A.M.

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

OUTDOOR FOOD & BEVERAGE SERVICE

11. Provide an estimated number of attendees at this event 100-200. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

21+ OVER EVENT

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

ON-FILE

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CONTINUE ON BACK

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A1-087263

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

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C/K 43717

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Geemax Inc. 728 1/2 Q ST. LINCOLN, NE 68508 DBA. N-ZONE

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MIKE MCCARTY / CHERYL MCCARTY 402-475-8683

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

October 20th 2001

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9. Time(s) of event (example 8am to 1am, this is considered one day)

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21 + OVER EVENT

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ON-FILE

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CONTINUE ON BACK

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A1-087264

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C/K 43717

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728 1/2 Q. ST. LINCOLN, NE Lancaster Co. 68508

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Beemax Inc. 728 1/2 Q ST. LINCOLN, NE 68508 DBA. N-ZONE

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MIKE MCCARTY / CHERYL MCCARTY 402-475-8683

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

October 27th 2001

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

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12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

ON-FILE

13. List the number of SDL's that you have applied for at this specific location in the last six months.

0

CONTINUE ON BACK

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
P.O. Box 93044, Lincoln NE 68509

784

A1-087265

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD.

- ☐ All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
☐ Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
☐ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
☐ LOCAL APPROVAL must be included with this application
☐ A Signed Statement from Local Police Chief or County Sheriff (question #12)
☐ NONPROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

1. Type of Beverage(s) to be served: ☒ Beer ☒ Wine ☒ Distilled Spirits

2. Status of the Applicant (check one)

☐ Municipal Corporation ☐ Political Corporation ☐ Fine Arts Museum ☐ Fraternal Corporation ☐ Religious Corporation ☐ Charitable Corporation ☒ Retail Licensee ☐ Public Service Corporation

3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number and Class (Example C/K)

Belmax Inc. Lancaster Co.
728 1/2 Q ST. LINCOLN, NE 68508

9/63717

4. Address or location of premises to be covered by license, (City, County Number, Zip Code)

728 1/2 Q ST. LINCOLN, NE, LANCASTER CO. 68508

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☒ YES ☐ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

Belmax Inc. 728 1/2 Q ST. LINCOLN, NE 68508 DBA N-ZONE

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

MIKE MCCARTY / CHERYL MCCARTY 475-0083

8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

10/27/01 11/10/01

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:

9. Time(s) of event (example 8am to 1am, this is considered one day)

FROM: 8am TO: 1am

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

OUTDOOR FOOD AND BEVERAGE SERVICE

11. Provide an estimated number of attendees at this event 150. If the number of attendees is over 250 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

21 and over event only

12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

21 and over event only ON FILE

13. List the number of SDL's that you have applied for at this specific location in the last six months. 0

CONTINUE ON BACK